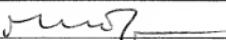


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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 10/811838
	Filing Date 30-Mar-2004
	First Named Inventor Theoharis C. THEOHARIDES
	Art Unit
	Examiner Name
	Attorney Docket Number 2003133.125US10

<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 23483</p>													
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 23483</p> <p>OR</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Firm or Individual Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>Country</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Telephone</td> <td>Email</td> <td></td> </tr> </table>		Firm or Individual Name		Address		City		Country	State	Zip	Telephone	Email	
Firm or Individual Name													
Address													
City													
Country	State	Zip											
Telephone	Email												
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>													
SIGNATURE of Applicant or Assignee of Record													
Signature													
Name	Theoharis C. THEOHARIDES												
Date	9/1/08	Telephone 017-232-1332/1337											
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>													
<input type="checkbox"/>	*Total of 1	forms are submitted.											